

DOG ADOPTION FORM
STAMFORD ANIMAL CARE & CONTROL

201 Magee Avenue, Stamford, CT 06902
Telephone: (203) 977-4437 ~ FAX: (203) 977-5112
www.cityofstamford.org/animalcontrol www.stamfordctshelter.petfinder.com

We reserve the right to approve or deny any adoption.

Date _____ Time _____

To adopt, you must:

___ be at least 21 years old

___ have the knowledge and consent of all adults living in your home

___ have landlord's consent to bring a pet onto the property

For shelter use only:

Staffie _____ Non-staffie _____ Small _____

FIRST CHOICE – Dog Name: _____

SECOND CHOICE – Dog Name: _____

Name _____ Birth Date _____

Spouse's/Partner's Name _____

Address _____ City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

E-Mail Address: _____

Place of Employment: _____ Occupation: _____

Do you OWN or RENT your home? _____ How many years have you lived at your current address? _____

Do you live in a: House _____ Apartment _____ Condo _____ Townhouse _____ Other (specify) _____

If you RENT, you must provide the name and telephone number of your landlord:

Name: _____ Telephone: _____

If you OWN, you must provide proof of ownership by providing a copy of your Real Estate Tax Bill or your mortgage prior to paying adoption fees. Owners of condos or townhouses must also provide a copy of the condo association's by-laws indicating that pets are allowed, the number allowed and any limitations in size or weight, if any.

Have you ever owned a dog? _____ If yes, do you still have it? _____ If no, what happened to the dog? _____

Why do you want to adopt a dog/puppy? _____

Why did you choose this particular breed/mix of dog? _____

Where is the adopted dog to be kept? Daytime _____ Evening _____

Do you have a yard? _____ If yes, how large? _____ Is your yard fenced in? _____

Is the yard fenced in completely? _____ How high is the fence? _____

If you don't have a yard, or if it is not fenced in, how will the dog be confined outside? _____

WHO in your household will exercise this dog EVERY DAY, and how? _____

Dogs can live 15 years or longer. Can you commit to caring for this pet for that long? _____

What will you do with the dog if you have to move? _____

What will you do with the dog if you have a baby? _____

The cost of caring for a dog properly can exceed \$1,500/year. This includes annual vaccinations, regular veterinary checkups, dog supplies, possible training and/or boarding, good-quality food and unforeseen medical expenses.

Are you **FINANCIALLY ABLE** to spend this kind of money on this dog if required? _____

Are you **COMMITTED** to spend this kind of money on this dog if required? _____

What type of food will you feed this pet? _____

Is any household member allergic to animals? _____ If yes, how will you deal with reactions to this pet? _____

How many adults are in your home? _____ How many children? _____ Ages: _____

How does your spouse/partner feel about having this dog in your home? _____

Will you work out bad habits (barking, chewing, house-soiling, jumping, mouthing, etc.) the dog may have? _____

If yes, how are you planning on dealing with any bad habit? On your own _____ Hiring a trainer _____ Group classes _____

Will you be bringing your dog to obedience classes? _____

Where did you hear about this facility and dog/puppy for adoption? _____

Have you ever given up a pet in the past to a shelter or other? _____ If yes, why? _____

Have you ever been investigated for animal neglect or cruelty? _____ If yes, why? _____

Are you familiar with local animal control laws? _____

References: Personal

Please provide references of two people who have known you for 5 years or more, not in your immediate family:

Personal Reference #1: _____ Telephone: _____

Personal Reference #2: _____ Telephone: _____

References: Veterinary

Name of your CURRENT Veterinarian & Hospital: _____

City: _____ Telephone: _____

Name under which your pet's records are kept at your current vet (if different than applicant): _____

Name of your FORMER Veterinarian & Hospital: _____

City: _____ Telephone: _____

Name under which your pet's records are kept at your former vet (if different than applicant): _____

Give us information about all the animals alive and currently living in your household:

Name of Pet:	Dog/Cat/Other	Breed:	Sex	Altered?	Age:	Weight:	Vaccinated?	Dog-licensed?

Give us information about the last 3 animals that you no longer have (deceased or otherwise) -

Name of Pet:	Dog/Cat/Other	Breed:	Sex	What happened to pet? If deceased, give cause.	If deceased, age at death:	Date of death:

PLEASE READ CAREFULLY BEFORE SIGNING:

FEES

Upon adoption approval, the adoption contract is executed after the Shelter has received a **\$50 NON-REFUNDABLE FEE**, payable in **CASH or CHECK ONLY**. The \$50 fee covers the City of Stamford adoption fee, plus the Animal Population Control Program voucher which covers the spay/neuter surgery¹, rabies, distemper and parvo vaccines. For dogs whose spay/neuter surgery is scheduled at the time of adoption, additional optional medical services can be performed (e.g., dental cleaning, de-worming, bathing, etc.) for an additional fee if requested. **We strongly recommend that all dogs be de-wormed and micro-chipped²** before or soon after entering your home. Please speak to the Shelter staff about fees for these services.

HOLDING DOGS

Due to space constraints, **we do not hold dogs**. If you are approved to adopt a dog and want the dog but are unable to pick him up or arrange for his surgery within a reasonable time, you may adopt the dog and board him (at your expense) at a boarding facility until you are able to take him home. Please speak to the staff about boarding options.

MULTIPLE APPLICATIONS

When a dog has multiple adoption applications, we will go through them on a first come, first served basis³ and will offer adoption to the first **approved⁴** application.

¹ Some spay/neuter surgeries are performed at the time of adoption. Others are performed on a pre-adoption basis.

² Micro-chipping includes micro-chip insertion performed at Rippowam Animal Hospital, pet's life-time registration in Home Again's database and other benefits – ALL for a low cost shelter pet fee of **\$25 with coupon**, available upon request.

³ We have waiting lists of approved adopters waiting for specific types/sizes of dogs. These applications are given priority.

⁴ Applications received first are reviewed first, but this does not guarantee their approval.

COPY OF DRIVER'S LICENSE (OR OTHER FORM OF ID) IS REQUIRED

This application is designed to help us determine if the adoption is in the dog's best interest, and to assist you in finding a pet compatible with your lifestyle. An unwise adoption can result in an unpleasant experience for adoptive families and may ruin the pet for further adoptions. We hope you will agree that the pet's welfare must be our foremost concern.

I understand the above questions and I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for denial of adoption. By signing this application, I am stating that all of the foregoing information is true.

Signature _____ Date: _____

For shelter use only:

Processing notes:

Comments: _____

_____ Approved _____ Denied By _____ Date _____

PROCESSING NOTES

Date	Action	Content / result of conversation / message	Processor
	<input type="checkbox"/> Spoke with <input type="checkbox"/> Left mess. <input type="checkbox"/> Called / No answer		<input type="checkbox"/> Laurie <input type="checkbox"/> Tilford <input type="checkbox"/> Jean Other_____
	<input type="checkbox"/> Spoke with <input type="checkbox"/> Left mess. <input type="checkbox"/> Called / No answer		<input type="checkbox"/> Laurie <input type="checkbox"/> Tilford <input type="checkbox"/> Jean Other_____
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	<input type="checkbox"/> Spoke with <input type="checkbox"/> Left mess. <input type="checkbox"/> Called / No answer		<input type="checkbox"/> Laurie <input type="checkbox"/> Tilford <input type="checkbox"/> Jean Other_____